



TRANSMITTAL FORM

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/544,523
	Filing Date	April 6, 2000
	First Named Inventor	Mikel A. Lehrman
	Art Unit	2615
	Examiner Name	Nhan T. Tran
Total Number of Pages in This Submission	Attorney Docket Number	ML-1

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): 1) Postcard
<div>Remarks</div> <p>A fee for additional claims is not required. Total Claims: 37- 38 (HP) = 0 x \$25 = \$0.00 Independent Claims 9-9 (HP) = 0 x \$100 = \$0.00</p> <p>The Director is hereby authorized to charge any additional fees which may be required, or credit any overpayment, to Deposit Account Number 06/1075 (Order No. 002111-0001). I have enclosed a duplicate copy of this sheet.</p>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Fish & Neave IP Group Ropes & Gray LLP		
Signature			
Printed name	Jeffrey D. Mullen		
Date	November 9, 2006	Reg. No.	52,056

CERTIFICATE OF TRANSMISSION/MAILING

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